Case Number:	CM13-0045701		
Date Assigned:	12/27/2013	**Date of Injury:**	04/18/2001
Decision Date:	03/11/2014	**UR Denial Date:**	09/26/2013
Priority:	Standard	**Application Received:**	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is 47 year-old male who incurred an industrial injury. Thereafter, he began complaining of low back and left lower extremity pain. Of note, he underwent back surgery in 2001. Notwithstanding that surgery, he continues to complain of low back and left lower extremity pain. Also of note, he has a spinal cord stimulator which was implanted on May. Documented treatment to date has included lumbar fusion, spinal cord stimulator (SCS) implantation, medications, physical therapy, and back brace. 08/27/13 provider note documented complaints of low back and left lower extremity pain. Medications included methadone, Norco, Soma, Nexium, Celebrex, Ambien, Cymbalta, Lyrica, and Senokot S. The claimant denied medication side effects. Evidence of aberrant medication behavior was not documented. I can find no documented visual analog scale (VAS) pain level in the office note. Response to current medications was not documented. Provider advised claimant that he needed to reduce opioid doses, but no change was documented in the prescribed opioids. Voltaren gel was added to the medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics-Carisoprodol Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The injured worker does not have any evidence of acute myospasm or acute pain or break-through pain for which the use of Soma is indicated. Soma is also not recommended for longer than a 2 to 3 week period. Therefore the request for Soma 350mg #120 is not medically necessary.

Ambien CR 12.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) -TWC-Pain (Chronic) (Updated 11/14/2013)-Zolpidem (AmbienÂ®) and Medline Plus, a web based offering of national Library of Medicine and National Institute of Health.

Decision rationale: With respect to prescription of Ambien CR 12.5mg #30, the guidelines do not support it. CA-MTUS is mute about this medication, but according to Medline Plus, If zolpidem is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication.ODG recommended that cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan and should be considered in conjunction with a short course of Zolpidem. Therefore the request for Ambien CR 12.5mg #30 is not medically necessary.

Voltaren gel 1% #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC-Pain (Chronic) (Updated 1/7/2014) VoltarenÂ® Gel (diclofenac).

Decision rationale: Evidence of aberrant medication behavior was not documented. There was no documented VAS pain level in the office note. Response to current medications was not documented. Provider advised patient to reduce opioid doses, but no change was documented in the prescribed opioids. Voltaren gel was added to the medication regimen.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI and cardiovascular risks. Page(s): 68. Decision based on Non-MTUS Citation (ODG -TWC-Pain (Chronic) (Updated 1/7/2104) Proton Pump Inhibitors.

Decision rationale: Nexium (esomeprazole) is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who at risk of gastro-intestinal bleeding. When a patient is at a low risk for gastrointestinal event and cardiovascular disease, a full-dose naproxen is the preferred choice of NSAID medication. Gastrointestinal (GI) prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSA!Ds either single or in multiple doses. Nexium (esomeprazole) is a proton pump inhibitor used for various gastric acid related conditions, such as GERD or ulceration of stomach or duodenum. It can be used in conjunction with nonsteroidal anti-inflammatories in an attempt to reduce the side effects of these medications. The claimant has been using Voltaren gel 1% (Topical nonsteroidals), and it appears Naproxen has been discontinued. According to medical records, the patient did not have a history of gastrointestinal issues, and additionally, the patient was not concurrently prescribed Naproxen that has caused an adverse reaction in the past. Taking into consideration the above discussion, the retrospective request for Nexium 40 mg Cap SIG take 1 daily QTY #30 is not medically necessary.